

**Adult Developmental Disability
Assessment Only (ADAO)**

Client Eligibility Criteria	<p>Adults, ages 18 and over, who:</p> <ul style="list-style-type: none"> • are seeking or needing Developmental Disability services, AND • have completed a current LME Screening/Triage/Referral (STR) process, AND • have received a current LME STR triage determination of "Urgent" or "Routine", AND • have been referred by the LME STR to the provider for assessment, AND • have been determined by the provider <u>not to be eligible for any other MH, DD, or SA Target Population</u>, AND • have been determined by the provider <u>not to be eligible for Medicaid services</u>. <p>The purpose of the Assessment Only target population is to provide a mechanism to reimburse a provider for a single service or assessment event that has been provided to a consumer, but for whom the provider determines that the consumer does not meet eligibility requirements for any other Target Population or for Medicaid services. Pending record requirements in APSM 45-2 apply.</p>
ICD-9 Diagnosis Ranges	<p>Any Valid ICD-9</p> <p>~~~~~</p> <p>For the most current list of specific diagnoses, refer to <u><i>IPRS Diagnosis / Target Population Crosswalk</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Concurrency Issues	<p>An individual cannot be enrolled in ADAO and any other MH, DD, or SA Target Population category at the same time.</p> <p>~~~~~</p> <p>For full details, refer to <u><i>IPRS Eligibility Concurrency</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Service Array	<p>Refer to <u><i>IPRS Service Array</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Provider Restrictions	<p>Billing Provider – Area Program or LME</p> <p>Attending Provider – Multi-Service Provider or Enrolled DD Provider or Multi-Service w/SA Provider</p>
Funding Source(s)	<p>Adult DD SSBG - 536949 1391 251 Q7 Adult DD State UCR – 536949 1390 221 00</p> <p>~~~~~</p> <p>For full details, refer to <u><i>IPRS Budget Criteria</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Utilization Management	<p>Up to 1 periodic service event within a current episode of care, and up to 2 periodic service events within the fiscal year, after which prior approval is required or current eligibility enrollment in another Target Population category.</p>

**Adult Developmental Disability
Crisis Services (ADCS)**

Client Eligibility Criteria	<p>Adults, ages 18 and over, who:</p> <p>Whose primary age/disability group is Adult Developmental Disabilities,</p> <p>AND</p> <p><u>who is not eligible for Medicaid,</u></p> <p>AND</p> <p>who have completed a current Screening/Triage/Referral Interview and have received an "Emergent" triage determination, as defined below*, <u>or</u> are currently enrolled in an eligible Adult Developmental Disability Target Population and are in need of crisis or emergency services beyond the capacity of the designated First Responder provider,</p> <p><i>Note: An individual who is eligible for Medicaid is <u>not</u> eligible for the Crisis Services target population, nor is an individual who is eligible for both Medicaid and IPRS services. The Crisis Services target population is limited to only those individuals who either:</i></p> <p><i>a) have <u>no IPRS target population eligibility</u>, or</i></p> <p><i>b) have <u>only IPRS target population eligibility</u>, but not Medicaid eligibility.</i></p> <p>The purpose of the Crisis Services Target Population is to provide a mechanism to reimburse a provider for crisis or emergency services that have been provided to a non-Medicaid Adult Developmental Disabilities consumer. The consumer may or may not meet eligibility requirements for any other IPRS Target Population, but may <u>not</u> be eligible for Medicaid.</p> <p>Eligibility for the Crisis Services target population requires LME admission of consumer into the CDW through completion of the Identifying Information (Record 10 or 30), Demographics (Record 11 or 31), and Substance Abuse (Drug of Choice) Details (Record 17 or 37).</p> <p>The LME may establish the initial eligibility period in the Crisis Services (ADCS) population group for up to fourteen (14) days. After the initial eligibility period, the consumer must be reassessed and determined to continue to be in need of crisis and emergency services to be considered for another fourteen (14) day eligibility period.</p> <p><i>* STR Definition of "Emergent": An individual's need shall be categorized as "Emergent" when the individual presents a moderate or severe risk related to safety or supervision, or is at moderate or severe risk of substance abuse withdrawal symptoms, or presents a mild, moderate, or severe risk of harm to self or others, or has severe incapacitation in one or more area(s) of physical, cognitive, or behavioral functioning related to mental health, developmental disabilities or substance abuse problems.</i></p>
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**Adult Developmental Disability
Crisis Services (ADCS)
(continued)**

ICD-9 Diagnosis Ranges	Any Valid ICD-9 For the most current list of specific diagnoses, refer to <i><u>IPRS Diagnosis / Target Population Crosswalk</u></i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Concurrency Issues	Individual may not concurrently be enrolled in AMCS, ASCS, or in any AO target population group. For full details, refer to <i><u>IPRS Eligibility Concurrency</u></i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Service Array	Refer to <i><u>IPRS Service Array</u></i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Provider Restrictions	Billing Provider – LME Attending Provider - Multi-Service Provider or Multi-Service w/SA Provider or Enrolled DD Provider
Funding Source(s)	Adult DD State Crisis – 536996003 1590 220 00 For full details, refer to <i><u>IPRS Budget Criteria</u></i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Utilization Management	Each Local Management Entity is responsible for the development and implementation of crisis and emergency services delivery and authorization guidelines to ensure the prompt and efficient implementation of services to eligible “Crisis Services (CS)” consumers. This includes LME approved procedures for the authorization of 24 hour admissions to inpatient hospital, facility based crisis, and 24 hour detoxification programs. The Division recommends that the LME review and authorize Mobile Crisis services after the delivery of the initial 16 units (4 hours) of this service. During regular hours of operation, the Division recommends immediate notification of the LME by the crisis or emergency services provider for all 24 hour emergency admissions. Written notification regarding such emergency admissions is recommended to be provided to the LME within 24 hours in all circumstances.

**Adult Developmental Disability
Adult with Developmental Disability (ADSN)**

Client Eligibility Criteria	<p>Adult, ages 18 and over, screened eligible as Developmentally Disabled in accordance with the current functional definition in GS 122C-3(12a).</p> <p>Developmental Disability Assessment based on NC SNAP 1 through 5.</p> <p>Eligibility Determination for this population group should be completed annually in conjunction with the Person Centered Plan process.</p> <p style="text-align: center;">~~~~~</p> <p>NOTES:</p> <p>Developmental Disability means a severe, chronic disability of a person which:</p> <ul style="list-style-type: none"> • Is attributable to a mental or physical impairment or combination of mental and physical impairments; • Is manifested before the person attains age 22, unless the disability is caused by a traumatic head injury and is manifested after age 22; • Is likely to continue indefinitely; • Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, capacity for independent living, learning, mobility, self-direction and economic self-sufficiency; and • Reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of a lifelong or extended duration and are individually planned and coordinated. <p>** Eligibility categories for this population group are being phased into ADSN from the previous SNAP level categories (ADSN1, ADSN2, ADSN3, ADSN4, and ADSN5). Upon reassessment of an ADSN* client during FY03-04, do not re-enroll in the existing level category but instead submit new enrollment, if applicable, in ADSN. **</p>
ICD-9 Diagnosis Ranges	<p>Any Valid ICD-9</p> <p style="text-align: center;">~~~~~</p> <p>For the most current list of specific diagnoses, refer to <i>IPRS Diagnosis / Target Population Crosswalk</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Concurrency Issues	<p>An individual cannot be enrolled in both ADSN* and ADAO, ADMRI, or AMSRE at the same time.</p> <p style="text-align: center;">~~~~~</p> <p>For full details, refer to <i>IPRS Eligibility Concurrency</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>

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**Adult Developmental Disability
Adult with Developmental Disability (ADSN)
(continued)**

Service Array	Refer to <u><i>IPRS Service Array</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Provider Restrictions	Billing Provider – Area Program or LME Attending Provider – Multi-Service Provider or Enrolled DD Provider or Multi-Service w/SA Provider
Funding Source(s)	Adult DD State Crisis – 536996003 1590 220 00 (procedure code H0010, H2011, H2036, S9484, YP485, YP790, YP820) Long Term Vocational Support – 536949001 1390 221 00 (procedure code = YM645) Developmental Therapy – 536949002 1390 221 00 (procedure code H2014, H2014:HM, H2014:HQ, H2014:U1) Adult DD SSBG - 536949 1391 251 Q7 Adult DD State UCR – 536949 1390 221 00 Adult DD MRMI State - 536979 1390 221 34 ~~~~~ For full details, refer to <u><i>IPRS Budget Criteria</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Utilization Management	Individualized service plan with annual review. Plan may be revised during the year, with authorization, if service needs change.

**Adult Developmental Disability
MR/MI (ADMRI)**

Client Eligibility Criteria	<p>Adult, ages 18 and over, meeting the State definition of Developmentally Disabled and having a co-occurring diagnosis of Mental Illness OR individuals who were confirmed Thomas S. class members and were receiving MR/MI funded services at the dissolution of the Thomas S. lawsuit.</p> <p>Developmental Disability Assessment based on NC SNAP 1 through 5.</p> <p>Eligibility Determination for this population group should be completed annually in conjunction with the Person Centered Plan process.</p> <p>~~~~~</p> <p>NOTES:</p> <p>Developmental Disability means a severe, chronic disability of a person which:</p> <ul style="list-style-type: none"> ▪ Is attributable to a mental or physical impairment or combination of mental and physical impairments; ▪ Is manifested before the person attains age 22, unless the disability is caused by a traumatic head injury and is manifested after age 22; ▪ Is likely to continue indefinitely; ▪ Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, capacity for independent living, learning, mobility, self-direction and economic self-sufficiency; and ▪ Reflects the person's needs for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of a lifelong or extended duration and are individually planned and coordinated.
ICD-9 Diagnosis Ranges	<p>Any Valid ICD-9</p> <p>~~~~~</p> <p>For the most current list of specific diagnoses, refer to <u><i>IPRS Diagnosis / Target Population Crosswalk</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Concurrency Issues	<p>An individual cannot be enrolled in both ADMRI and ADAO ADSN*, or AMSRE at the same time.</p> <p>~~~~~</p> <p>For full details, refer to <u><i>IPRS Eligibility Concurrency</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>

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**Adult Developmental Disability
MR/MI (ADMRI)
(continued)**

Service Array	Refer to <i>IPRS Service Array</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Provider Restrictions	Billing Provider – Area Program or LME Attending Provider – Multi-Service Provider or Enrolled DD Provider or Multi-Service w/SA Provider
Funding Source(s)	Adult DD State Crisis – 536996003 1590 220 00 (procedure code H0010, H2011, H2036, S9484, YP485, YP790, YP820) Developmental Therapy – 536949002 1390 220 00 (procedure code H2014, H2014:HM, H2014:HQ, H2014:U1) Adult DD MRMI State – 536979 1390 221 34 ~~~~~ For full details, refer to <i>IPRS Budget Criteria</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Utilization Management	Individualized service plan/plan of care with annual review. Plan may be revised during the-year with authorization if service needs change. The individual's plan and cost summary must be submitted to and approved by local approval process.

**Adult Developmental Disability
Community Enhancement Program (ADCEP)**

Client Eligibility Criteria	<p>A single, special recipient (State Enrolled 'John Doe' client) will be used to report these services to IPRS. Individual consumers are not to be enrolled in this target population.</p> <p>~~~~~</p> <p>NOTES: Client may be identified in CNDS as '(local facility code)ADD001'</p>
ICD-9 Diagnosis Ranges	<p>Any Valid ICD-9</p> <p>~~~~~</p> <p>For the most current list of specific diagnoses, refer to <u><i>IPRS Diagnosis / Target Population Crosswalk</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Concurrency Issues	<p>An individual cannot be enrolled in ADCEP.</p> <p>~~~~~</p> <p>For full details, refer to <u><i>IPRS Eligibility Concurrency</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>

Service Array	<p>Refer to <u><i>IPRS Service Array</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Provider Restrictions	<p>Billing Provider – Area Program or LME</p> <p>Attending Provider – Multi-Service Provider or Enrolled DD Provider or Multi-Service w/SA Provider</p>
Funding Source(s)	<p>Long Term Vocational Support – 536949001 1390 221 00 (procedure code = YM645) Adult DD SSBG - 536949 1391 251 Q7 Adult DD State UCR – 536949 1390 221 00</p> <p>~~~~~</p> <p>For full details, refer to <u><i>IPRS Budget Criteria</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Utilization Management	<p>Area Program specific audits may be implemented to limit the amount of State UCR funds accessible to the population group.</p>